DOCUMENT RESUME

ED 041 063 UD 010 267

AUTHOR Wyatt, Gertrud L.
TITLE Early Identification of Children with Potential Learning Disabilities. Report of Title VI Project, 1968-1969.
PUB DATE Jan 70
NOTE 10p.; Paper presented at the American Orthopsychiatric Association Meeting, San Francisco, Calif., March 1970

EDRS PRICE EDRS Price MF-$0.25 HC-$0.60
DESCRIPTORS Ability Identification, Early Childhood Education, *Educational Diagnosis, *Identification, Identification Tests, Learning Disabilities, *Learning Readiness, Preschool Education, *Preschool Evaluation, Special Education, Special Services
IDENTIFIERS *Elementary Secondary Education Act Title VI, ESEA Title VI Projects, Massachusetts, Wellesley Public Schools

ABSTRACT

Contents of this summary report on the Project of Early Identification of Children with Potential Learning Disabilities, carried out from Fall 1968 through Fall 1969 by the Wellesley Public Schools with a grant from the State Department of Education under Title VI of the Elementary and Secondary Education Act, include the following topics: background and history of the Title VI project, 1968-1969; screening procedures (including questionnaire inquiry on the developmental status of the child using simple observational language) and telephone inquiry; services rendered (including such light services as occasional telephone consultation and home testing and such extended services as home visits, office visits and testing, observations made at the child's nursery school, parent counseling, and referral to outside agencies); diagnostic testing procedures and extended observation methods; difficulties encountered; merits of the project; and, an outline of the on-going follow-up project. (JM)

ED041063

Wellesley Public Schools
Wellesley, Massachusetts

January, 1970

TITLE VI PROJECT, 1968 – 1969

Early Identification of Children with Potential Learning Disabilities

REPORT

presented by Gertrud L. Wyatt, Ph. D.
Director, Psychological and Speech Therapy Services

John B. Chaffee, Superintendent of Schools
Gertrud L. Wyatt, Project Coordinator
Elaine F. Loomis, Psychologist
Lois Scott, Speech Therapist and Parent Counselor

Consultants:
Dr. John K. Brines, Pediatrics
Dr. Mary Louise Scholl, Neurology
Dr. Robert Lofgren, Hearing
Dr. Byron S. Lingeman, Vision
Dr. Helen M. Herzan, Psychiatry
Dr. William Freeman, Community Mental Health
Dr. Miriam Fiedler, Clinical Psychology
Dr. Arnold Miller, Clinical Psychology
Dr. Clara Mayo, Screening Techniques
Mrs. Mary Small, Screening Techniques

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

A. BACKGROUND

Interest in Early Learning and Early Education goes back to the opening years of this century. Beginning with the work done in Rome by Maria Montessori, in Geneva by Jean Piaget, and in London by Susan Issacs, research in early learning has increased tremendously over the years.[1]

Learning begins at birth. It involves the infant's relations to the world around him through his senses of vision and hearing, and also through physical activity. As the child matures he puts together his various experiences. The child engages in non-verbal and verbal symbol learning, and in this way acquires language.

UD010267

The final outcome of all learning processes will be determined by two sets of conditions: the function and maturation of the child's biological organism on the one hand the the receiving of environmental stimulation on the other hand. The relationship between these two essential factors, the child's equipment and his environment, will determine the rate of learning and the learning achievement at any given age. Children will reach various degrees of competence, depending upon the appropriateness and the frequency of stimulation provided by their parents, teachers, and other child care workers.

---

[1] Summaries of pertinent research can be found in: Hess, R.D. and Bear, R.M. (Eds), Early education. Chicago: Aldine Publishing Co., 1968; and in Lipsitt, L.P. and Spiker, C.C., (Eds.). Advances in child development and behavior. Vol. 2., New York; Academic Press, 1965.

In our own research studies in language learning, carried out in the Wellesley Public Schools from 1958 – 64, partly supported by the National Institute of Mental Health, we were able to demonstrate that certain forms of parent-child communication facilitate language learning in normal children, while other forms of family communication will disturb or inhibit the acquisition of language. [2]

In short, it has become evident that much of the basic learning in a child's life occurs before he enters school. Likewise, deficiencies in learning the primary skills may become evident during the preschool years and may lead to further and often more extensive learning problems. It would seem desirable, therefore, to systematically evaluate a child's learning competency at different stages during his early years. If learning deficiencies were observed, appropriate steps might be taken to facilitiate the child's learning through the application of medical, social, and educational means. Such early attempts to facilitate learning in young children might prove of great value for the prevention of more complex learning difficulties which might interfere with the child's success in school.

B. THE TITLE VI PROJECT, 1968 – 1969

In the spring of 1968, the Wellesley Public Schools applied to the State Department of Education for funds to carry out a Project of Early Identification of Children with Potential Learning Disabilities. We received a grant of $11,264.00 under Title VI of the Elementary and Secondary Education Act. Part of the summer was spent in planning the project, getting in touch with consultants, and searching for the names and addresses of families who would have a child entering kindergarten in the fall of 1969.

It was the purpose of this project to identify and examine those children who showed signs or symptoms of developmental delay or deviation; to initiate a program of compensatory education focused upon parent counseling and training of parents to help their own children; at the time of school entry to plan appropriately and provide special services to children, if needed. It was hoped that such early identification and training of "high risk" children would contribute to the prevention of school failure in later years.

C. PROCEDURES

1. Questionnaire

In the fall of 1968 a developmental questionnaire was designed with the assistance of medical consultants. (A copy of the questionnaire is attached.) Questions were formulated in simple observational language with no use of professional terms. It is important to realize that simple questions such as, "Does the child sit very close to the TV screen?" relate to a child's visual and auditory condition, while others, such as: "Does he drop things more frequently than other children?" were suggested by the neurologist looking for subtle indications concerning the child's neurological functioning.

This questionnaire, together with an informative letter, was sent to parents, local physicians, social agencies, nursery schools, and also to hospitals in the Boston area. A total of 349 questionnaires were sent to parents. Of these, 210 (60%) were filled out and returned.

In addition, 5 cases were referred through physicians; 4 mothers of under-age children (2½ to 4 years) with speech and language problems referred themselves and 7 children were reached through the "green slip," a form sent to parents of future kindergarten children each spring together with other information from the School Department. Thus a total of 226 families responded to the Title VI project. This is 56.6% of the total population of 399 children who actually entered kindergarten in the fall of 1969.

---

[2] For reports of our studies and findings see G.L. Wyatt, Language learning and communication disorders in children, New York: The Free Press. 1969

2. Telephone Inquiries

It was understood that the questionnaire alone would not be a satisfactory screening device, as parents, naturally, would be biased in some of their answers. The use of the questionnaire, therefore, was seen only as a first step in a screening process, to be followed by other procedures. Replies to the questionnaires were carefully analyzed by staff members looking for possible inconsistencies and pinpointing areas where further exploration seemed desirable. In 13 instances, only, no deviations from developmental norms were evident and no further action was taken. Telephone inquiries were attempted in 197 cases. Reaching mothers by telephone proved to be very time consuming. In some instances mothers could not be reached in spite of repeated attempts. Eventually contact was made with 147 families. In telephone conversations answers to the questionnaire were further explored and minor problems were discussed with parents.

3. Services Rendered.

The extend of services rendered differed according to the particular needs of each child. These services were either limited or extensive.

(a) Limited services. Telephone contact only was made in 70 cases. 16 children received a "speech checkup" during an office visit; their speech was found normal for their age. The School Readiness Survey[3] only was administered in 13 cases.

(b) Extended services. In 48 cases (30 boys and 18 girls) the problems presented appeared to be more complex and the services rendered had to be more extensive, consisting of home visits to meet child and mother, office visits and administration of tests, observations made at the child's nursery school, parent counseling, or referral to outside agencies.

Our primary objective was to identify those children who were most likely to have problems in learning in school. We therefore attempted to screen as many children as possible, using whatever tests or procedures were most economical of time but still sufficiently sensitive to indicate possible problem areas.

A series of more comprehensive and necessarily more time-consuming tests were administered only to those children who had not clearly demonstrated competence at the earlier levels of screening. A variety of techniques were used during this process of observation, screening, and diagnosis.

(c) Home visit. The psychologist or speech therapist visiting a child's home made observations in an informal manner. The purpose of the visit was to establish rapport with both child and parent. The observer brought with her a collection of simple materials which might interest the child. These materials were: several small picture books; a pencil; paper, plain and lined; blunt but sharp scissors; and a set of Gesell Figures.[4]

In most instances the observor tried to gain an overall impression of the child's behavior and developmental stage through asking a few questions and engaging in certain activities with the child. The following informal screening procedures were used.

---

[3]For reference see list of tests below

[4]. For reference see below

Informal Screening Procedures Used During Home Visits

1. Child is asked questions re name, age, birthday, address
2. An impression of the child's vocabulary and language use is gained through conversation about picture books
3. The child's knowledge of color naming is tested through use of picture books
4. Counting by rote and counting objects in picture books
5. Gross impression of intellectual potential gained through the use of the Goodenough Draw-a-Man Test[5]
6. Can the child recognize his name when printed?
7. Can the child print his name or any letters?
8. Child's visual-motor skills demonstrated by copying the Gesell Figures[6]
9. Fine motor coordination observed during pencil use and cutting with scissors
10. Gross motor coordination judged from items of the Denver Developmental Scale[7]: balancing on one foot, hopping, skipping, heel-to-toe walk, broad jump

Note: the level of performance expected on these items varied, of course, with the chronological age of each child at the time of the observation. Over the course of the year ages of children observed ranged from 3 years 10 months to 5 years 6 months.

(d) Diagnostic testing and further observations. If and when the observer felt that further observations of a child would be helpful, appointments for office visits were made. During these visits a child's developmental history was obtained and individual standardized tests were administered. Some children also were observed at the nursery school, with the parents permission.

It should be noted that during this project we were simultaneously testing children and attempting to assess a variety of tests and procedures in order to determine which of these would be most useful in future screening projects.

The following are lists of tests given. As a rule several tests were selected from this battery and used with individual children.

Tests Used by Psychologist

Beery, K.E. and Buktenica, N., Developmental Test of Visual-Motor Integration, (VMI). Chicago: Follett Educational Corp., 1967.

Frankenburg, W.K. and Dodds, J.B., Denver Developmental Screening Test, (DDST), Denver, Col.: University of Colorado Medical Center, 1967.

Gesell, A. et al., The First Five Years of Life. A Guide to the Study of the Preschool Child, New York: Harper and Row, 1940. (Gesell Figures)

Goodenough, F.L., Draw-A-Man Test, (DAM), New York: Harcourt Brace and World, Inc., 1954.

Jordan, F.L. and Massey, J., School Readiness Survey, (2nd Edi.) (SRS) Palo Alto, Cal.: Consulting Psychologists Press, 1969.

Merrill-Palmer Pre-School Performance Tests, (Selections) Wallin Pegboard B and Seguin-Goddard Formboard, Chicago: C.H. Stoelting Co., 1931.

5, 6, 7 For references see list of tests below

Terman, L.M. and Merrill, M.A., Stanford-Binet Intelligence Scale (3rd Revision) Form L-M. (S-B), Cambridge, Mass.: Houghton-Mifflin Co., 1960.

Wechsler, D., Wechsler Preschool and Primary Scale of Intelligence (WPPSI), New York: The Psychological Corp., 1967.

Tests Used by Speech Therapist

Dunn, L.N., Peabody Picture Vocabulary Test (PPVT), Minneapolis, Minn.: American Guidance Service, Inc. 1959.

Hejna, R.F., Developmental Articulation Test, available through Speech Materials, Box 1713, Ann Arbor, Mich. 48103, 1955.

Kirk, S.A., McCarthy, J.J. and Kirk, W.D., Illinois Test of Psycholinguistic Abilities (ITPA), Urbana, Ill.: U. of Illinois Press. Revised Edition, 1961.

Note: The Denver Test ((DDST) was found useful for gross screening in several areas with children about 4 years old or younger, but seemed less discriminatory as age approached 5 years.

The School Readiness Survey (SRS) was found useful for children age 4 years 9 months and up, less useful with younger children.

(e) Consultation with mothers. Mothers of children with speech and language disorders were trained to help their child's language development. Our methods of training parents of children with severely defective articulation, delayed language development, or beginning stuttering were developed during previous research projects, 1958 – 1964, and have been used successfully in a limited preschool speech service since 1961. The therapeutic and teaching procedures have been described in detail in a recent publication [8] to which readers are referred.

In cases of other developmental, behavior, or emotional problems the psychologist counseled mothers concerning a child's management, or interpreted to parents their child's level of maturation, thus helping them to gain a more realistic understanding of their child's abilities, needs and liabilities. In some instances the psychologist assisted parents in referring a child for further medical or psychological evaluation.

D. SUMMARY OF THE 1968-69 SCREENING PROJECT

1. Services rendered

	Number of Cases
Telephone contacts only (1 or more)	70
Home visits made (1 or more)	53
Observations of child made at nursery school (with parents' permission)	29
Observations of child made at day camp (with parents' permission)	2
Intake conferences	21
Observations of child's speech and language	29
Administration of School Readiness Survey	24
Office visits and diagnostic psychological testing	11

[8] Gertrud L. Wyatt, Language Learning and Communication Disorders in Children. New York: The Free Press, Macmillan, 1969.

1. Services rendered (con't)

	Number of cases
Office visits and speech and language testing	8
Speech training and counseling of mothers	17
Psychological counseling of mothers	11
(Counseling and training of mothers varied from 3 – 12 sessions.)	
Referral of children to outside agencies or hospital clinics	4

2. Types of developmental problems encountered

	Percent of cases
Behavior and emotional disorders (mild to severe)	10.8%
Speech and language disorders	7.0%
Multiple problems: language disorder, restlessness, hyperactivity short attention span, poor motor coordination.	5.7%
Possible hearing problems, hearing test recommended	3.0%
Markedly poor motor coordination	1.9%
Mental retardation, previously identified	1.2%

Visual problems were mentioned in the questionnaires, but in all cases parents and physicians had already taken care of them.

3. Underage children observed

As mentioned earlier four children, three boys and one girl, between the ages of 2 yrs. 3 mos. and 3 yrs. 4 mos. were referred to the project by their mothers. The following conditions were identified in this group:

	Number of conditions
Speech and language problems (moderate to severe)	4
Frequent ear infections	2
Toilet training problems	1
Health problems	2
Poor gross motor coordination	3
Poor fine motor coordination	2
Behavior problems	1
Hyperactivity	1
Intelligence: average	2
bright	1
possibly low	1

Services for these children and their parents are being continued during 1969-70, under our renewed Title VI program, with additional support from the Wellesley Public Schools.

4. Difficulties encountered

In the course of this project the following difficulties were encountered.

a. Because of the mobility of the population it was difficult to find the names of families with children in the age group we were interested in.
b. We were unable to overcome the resistance of some parents to returning the questionnaire; in some instances, however, once a mother had met with a staff member and established a trusting relationship, mothers in the same neighborhood returned questionnaires or called the office asking to be included in the project.
c. Too much time was wasted in trying to reach parents by telephone. We are now exploring various alternatives, trying to overcome these difficulties.

5. Merits of the project.

The Project provided services for children and parents. Many parents concerned about their child's competence and readiness for school entry received reassurance; parents whose child showed learning difficulties in some form or other received support through consultation and counseling. Parents of children with speech and language deficits were trained to help their child's language development. In some instances a parent's negative perception of a child's ability and behavior was changed considerably; in others mothers' motivation to provide adequate stimulation for their children was greatly increased.

The use of psychologists, speech therapists and medical consultants made for a multi-professional approach to the study of children's development. The project provided flexible services, adapted to the needs of different children and families. In contrast to the more frequent "one-time" screening procedures, the design of this project makes longitudinal observation of children possible. The observers gained a clearer understanding of the qualitative differences in the learning style, the competencies, and the learning deficits of four-year-olds compared to children at the time of school entry. In particular, so-called "hyperactivity" in children was observed in a variety of contexts, increasing our understanding of this behavior syndrome, its importance and management.[10]

The parents' response to the project was generally favorable. Thus, a positive relationship between parents of preschool children and the Wellesley Public Schools System was initiated at an early date, which in the coming years should contribute to the child's well-being and success in school.

E. FOLLOW–UP

The ultimate value of a preschool screening project can only be ascertained through a long-time follow-up procedure. The fact that the psychologists and speech therapists participating in the project also are part of the regular school service facilitates continuity of this program. So far, the following procedures have been initiated.

Pre-planning was possible in several cases. Through conferences with principals, children with specific difficulties could be matched with teachers who might be particularly helpful to them.

The over-all information gained through this project was shared with administrators, kindergarten teachers, and with an advisory committee representing the citizens of the Town of Wellesley. The response of all these groups has been very favorable.

---

[10]Staff members are now engaged in an analysis of the variables contributing to the developmental problems encountered. A report about the clinical aspects of our project will be presented at the Annual Meetings of the American Orthopsychiatric Association, March, 1970.

E. FOLLOW UP (con't)

We are now exploring ways in which the findings of this study can be shared with kindergarten teachers and thus become most profitable for the children involved. Naturally, confidential information given by parents cannot be shared with a child's teacher without the parents' permission. Contact with many parents, either by telephone or in person, was continued during the fall of 1969, and a number of parents have already given their permission to staff members to discuss with their child's teacher in what way she might be most helpful to the child.

Staff members visited all kindergartens for individual conferences with teachers. A group meeting with all teachers was held to give them feedback concerning this screening project. Kindergarten teachers reacted with great interest and further workshops are planned to discuss specific developmental problems. Staff members and guest speakers will demonstrate methods in the areas of motor, perceptual, and language training of children, and will explore with teachers the management of children with emotional and behavior problems.

Individual testing, speech therapy, and parent counseling are continued with some children in this group. The progress in school learning of all children will be followed closely and evaluated by teachers and principals, and by the staff of the special services available at the Wellesley Public Schools. The potentialities of this screening project were discussed with the members of the School Committee in a meeting in October 1969. We are very gratified to report that the School Committee considers establishing a School Readiness Project as a regular service of the Wellesley Public Schools.

WELLESLEY PUBLIC SCHOOLS
Wellelsey, Massachusetts

PROJECT: Early Identification (Title VI)

Child Development Questionnaire

Dear Parent:

Please answer these questions to the best of your ability. Make a circle around the appropriate answer. Please use the enclosed stamped envelope to mail your answers to the Early Identification Project, Wellesley Public Schools, Wellesley, Massachusetts.

Name of Child Sex (m or f) Date of birth

Parents' Name

Address

Telephone number

At what time of the day could you best be reached by telephone?

Questions

Is the child able to speak most sounds correctly?	yes	no	don't know
Is he (she) afraid to talk?	yes	no	don't know
Can an unfamiliar person understand your child's speech?	yes	no	don't know
Did your child begin to speak later than other children you know?	yes	no	don't know
Does the child often repeat sounds or words (stutter or stammer)?	yes	no	don't know
Has the child any particular speech defect?	yes	no	don't know

If yes, please describe it briefly.

Does the child seem to have trouble hearing?	yes	no	don't know
Does he(she) say "What, what?" all the time?	yes	no	don't know
Has he(she) had frequent colds?	yes	no	don't know
Has he(she) had frequent ear infections?	yes	no	don't know
Is he(she)a mouth breather?	yes	no	don't know
Is the child "a loner"?	yes	no	don't know
Does the child turn on TV at a very high volume?	yes	no	don't know
Does he sit very close to the TV screen?	yes	no	don't know
Does he bend over and look very closely at pictures or when he is drawing?	yes	no	don't know
Does your child squint when looking intently at something?	yes	no	don't know
Does he regularly hold objects up very close to his eyes?	yes	no	don't know
Do his eyes tend to cross, or do they appear to move away from center?	yes	no	don't know
Is the child excessively clumsy?	yes	no	don't know
Does he(she) stumble frequently?	yes	no	don't know
Has the child learned to ride a tricycle?	yes	no	don't know

Can he(she) hold a pencil properly?	yes	no	don't know
Does your child feed himself(herself) properly?	yes	no	don't know
Do you think your child drops things more frequently than other children?	yes	no	don't know
Is your child accident prone?	yes	no	don't know
Does your child go up and downstairs with alternating feet?	yes	no	don't know
Does your child have difficulty buttoning his coat?	yes	no	don't know
Is your child able to throw and catch a ball?	yes	no	don't know
Is your child excessively active?	yes	no	don't know
Is your child unusually quiet:	yes	no	don't know
Does your child run as fast as other children his age?	yes	no	don't know
Can the child dress himself (herself)?	yes	no	don't know
Is he (she)generally a happy child?	yes	no	don't know
Does he(she) like to play with other children?	yes	no	don't know
Is he(she) able to play alone?	yes	no	don't know
Does he(she) cry easily?	yes	no	don't know
Does he(she) often have temper tantrums?	yes	no	don't know
Does he(she) usually follow directions?	yes	no	don't know
Does the child have a very short attention span?	yes	no	don't know
Was the child toilet trained by age 3?	yes	no	don't know
Is he (she) bowel trained?	yes	no	don't know
Is he(she) dry during day time?	yes	no	don't know
Is he(she) dry during night time?	yes	no	don't know
Has the child had a hearing test?	yes	no	don't know
Has the child had a vision test?	yes	no	don't know
Does the child prefer right hand, left hand, or both?	right	left	both
Does the child go to nursery school?	yes	no	don't know

IS THERE ANYTHING ELSE WITH REGARD TO YOUR CHILD THAT YOU WOULD LIKE TO MENTION? (Please use back if necessary)